ENFIELD ADULT DAY CENTER
1 A BEECH ROAD
ENFIELD, CT 06082
(860) 763-7538
(860) 763-7584

PHYSICIAN'S Admission REPORT

NOTE TO PHYSICIAN:
The person whose name appears below is an applicant for our Adult Day Center. A current health report is required before admission to this program.

DATE OF EXAM: _____ DATE OF BIRTH: _____

CLIENT'S NAME: _____

ADMISSION HISTORY AND PHYSICAL

A. Primary Diagnosis_____

_____

Secondary Diagnosis: _____

Prognosis: _____

C. Psychological:

1. Does this person have a history of depression or other psychiatric illness? Yes _____ No _____
   Please specify:_____

   _____

2. Is he or she presently under treatment? Yes _____ No _____
   Mentation: Alert/oriented to person/place/time: _____
   Dementia: Mild _____ Moderate_____ Severe _____

D. Results of most recent physical exam:

B/P_____ Pulse_____ Resp._____ Ht. _____ Wt. _____

E. Current Medications:

Medication Dosage Time

_____

_____

_____

_____

_____

F. Allergies to food or medications: _____

_____

G. Please check those that apply:
Regular diet_____ Low sodium_____ Diabetic_____ Other_____

H. Are there physical restrictions or limitations on exercise or activity that this person should follow: _____

_____

I. (2 step PPD) TB screening required upon admission or **chest xray within 1 year of date of MD visit**:

Date of #1: _____ Results of #1_____

(Must be done at least 2 wks after first PPD)
Date of #2: _____ Results of #2_____

L Is this person free of contagious disease?_____

J. The following health services are provided by the Adult Day Center. Please check those that you would recommend for this person:

Nursing Services:
a. assessment, regular monitoring _____
b. administration of medications _____
c. assistance in activities of daily living _____
d. Other_____

_____

K. Is there additional information that the Adult Day Center should be made aware of in caring for this person:
_____

L. May this person have Acetaminophen 500mg 1-2po q4 for discomfort Yes_____No_____

M. MD Signature: _____ **Date:** _____